## Substance Abuse/Mental Health Program Daily Treatment Log (Note: Allowing clients to see the names or signatures of other clients violates

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Client	
Vendor	
Month/Year	

Date of Service	Type of Service Provided (For 1012 Sweatpatch, indicate whether applied, removed, or both)	Time In	Client Initials	Time Out	Client Initials	Vendor Initials

This form is to be maintained in defendant/offender file and is to be completed for every contact. A copy is to be submitted with the monthly invoice and will be used for certification of charges submitted for payment.

<sup>\*</sup>Sweatpatch only to be billed in month of removal.